Rec'e PCATTO 13 MAY 2005

DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY 534855

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to

my name; I believe that I am the	original, first and sole inventor (if only	one name is listed below) or an original	inal, first and joint inventor
(if plural names are listed below	y) of the subject matter which is claime	ed and for which a patent is sought or	n the invention entitled
	NG AN INFORMATION"the specification	<del>-</del>	
	_, as Application Serial No		
	(if applicable); □ was filed as PCT	International Application No.	on
have reviewed and understand th	ne contents of the above-identified spec		
referred to above. I acknowledg	e the duty to disclose to the Patent and	Trademark Office all information kn	own to me to be material to
patentability as defined in 37 C.	F.R. §1.56.		
I hereby claim foreign p	oriority benefits under 35 U.S.C. §119	of any foreign application(s) for pater	nt or inventor's certificate or
of any PCT international applica	ation(s) designating at least one country	y other than the United States of Ame	erica listed below and have
	application(s) for patent or inventor's		
least one country other than the l	United States of America filed by me o	on the same subject matter having a fi	lling date before that of the
application(s) of which priority			·
			Priority Claimed
02 14279 (Application Serial Number)	FRANCE (Country)	14 <sup>th</sup> November 2002 / (Day/Month/Year Fil	X
(Application Serial Number)	(Country)	(Day/Month/Year Fil	_
I hereby claim the bene	efit under 35 U.S.C. §119(e) of any U	nited States provisional application	(s) listed below:
(Application Serial Number)		(Day/Month/Year Fil	ed)
(Application Serial Number)		(Day/Month/Year Fil	ed)
I hereby claim the ben	efit under 35 U.S.C. §120 of any Un	ited States application(s) or PCT in	nternational application(s)
designating the United States of	America listed below and, insofar as the	he subject matter of each of the clain	ns of this application is not
disclosed in the prior application	(s) in the manner provided by the first	paragraph of 35 U.S.C. §112, I ackno	wledge the duty to disclose
	own to me to be material to patentabil		
	on(s) and the national or PCT internat		· •
(Application Serial Number)	(Day/Month/Year F	iled) (Status-P	atented, Pending or Abandoned)
(Application Serial Number) PCT/FR03/03309	(Day/Month/Year F 05/11/2003 ←		atented, Pending or Abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: I hereby appoint as my attorney or agent, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

## Rec'd PCT/PTO 13 MAY 2005

J. William Frank, III (Reg. No. 25,626)
William E. McCracken (Reg. No. 30,195)
Anthony G. Volini (Reg. No. 48,016)
Matthew M. Fannin (Reg. No. 51,268)
Erin J. Sullivan (52,261)

10/534855

3

Customer No. 29471
Send correspondence to:

**FIRM NAME** 

1-00

PHONE NO.

**STREET** 

CITY & STATE

ZIP CODE

McCracken and Frank

Attorneys at Law

312-263-4700

200 W. Adams Street Suite 2150

Chicago, Illinois

<u>606</u>06

Full Name of First or SoleInventor  Michel MAHIEU	Citizenship FRENCH
Residence Address – Street 26 rue des Grands Champs	Post Office Address - Street 26 rue des Grands Champs
City (Zip) 91430 VAUHALLAN FRX	City (Zip) 91430_VAUHALLAN_FEX
State or Country FRANCE	State or Country FRANCE
Date May 7, 2005-	Signature W. Wa 4

Second Joint Inventor, if any	Citizenship	
Residence Address - Street	Post Office Address – Street	
City (Zip)	City (Zip	
State or Country	State or Country	
Date ⊠	Signature ⊠	

Third Joint Inventor, if any	Citizenship .
Residence Address-Street	Post Office Address - Street
City (Zip)	City (Zip)
State or Country	State or Country
Date ⊠	Signature ⊠

Fourth Joint Inventor, if any	Citizenship	
Residence Address - Street	Post Office Address - Street	
City (Zip)	City (Zip)	
State or Country	State or County	
Date ⊠	Signature ⊠	